

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 96
Registered No. 96

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 722 C. Keegan St. St. _____ Ward _____

2. Full name of child Marcial Guerra Jr.
If birth occurred in a hospital or institution, give its NAME instead of street and number.
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Feb. 20-1930.
Month Day Year

8. FATHER
Full name Marcial Guerra
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Clifton
(State or country) Arizona.

13. Occupation
Nature of Industry miner

20. Number of children of this mother 2 } (a) Born alive and now living. 1
(b) Born alive but now dead. 0
(c) Stillborn
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Maria Vega
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

16. Color or race Mex 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Morenci
(State or country) Arizona.

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7-07 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report. Address Miami, Arizona
Month, day, year

Filed Feb 25 1930 626 Registrar.

Registrar.

471-220-451